

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589772

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER			
	1 ST AMENDMENT		2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.		
1	1					
2		1				
3		1				
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TOTAL IND.	1					
TOTAL DEP.	5					
TOTAL CLAIMS	6					

AS FILED	AFTER		AFTER			
	1 ST AMENDMENT		2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.		
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TOTAL IND.						
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TOTAL CLAIMS						